

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46344** (0)

1. Corporation Name

PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE ASSOCIATION, INC.



Principal Place of Business: **1044 CASTELLO DR #206 NAPLES FL 33940**
Mailing Address: **1044 CASTELLO DR #206 NAPLES FL 33940**

3. Date Incorporated or Qualified 12/06/1991	3a. Date of Last Report 03/06/1995
4. FEI Number 65-0309422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES FL 33940	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	CANTELON, JOY E	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD
NAME	CANTELON, JOY E	1.2 NAME	John Cantelon
STREET ADDRESS	300 HORSECREEK DRIVE, #304	1.3 STREET ADDRESS	300 Horsecreek Drive #304
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Florida
TITLE D <input checked="" type="checkbox"/> DELETE	ROMANO, KATHLEEN	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD
NAME	ROMANO, KATHLEEN	2.2 NAME	Gene Steiger
STREET ADDRESS	300 HORSECREEK DRIVE #303	2.3 STREET ADDRESS	300 Horsecreek Drive #501
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, Florida
TITLE TD <input checked="" type="checkbox"/> DELETE	WEAVER, SCOTT	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	WEAVER, SCOTT	3.2 NAME	Bill Cordier
STREET ADDRESS	300 HORSECREEK DRIVE #104	3.3 STREET ADDRESS	300 Horsecreek Drive #101
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, Florida
TITLE D <input type="checkbox"/> DELETE	BOWERS, MICHAEL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
NAME	BOWERS, MICHAEL	4.2 NAME	
STREET ADDRESS	300 HORSECREEK DRIVE, #504	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE	CRISS, JOSEPH	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISS, JOSEPH	5.2 NAME	
STREET ADDRESS	300 HORSECREEK DRIVE, #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gene Steiger Date: 3-26-96 Daytime Phone #: 941-261-3440

CR2E037 (12/95)